

EXECUTIVE SUMMARY

MYDAUS Maine Youth Drug and Alcohol Use Survey State of Maine Report 1998-99

Prevalence of Alcohol, Tobacco, and Other Drugs, Prohibited Behaviors, and Risk
and Protective Factors Among Students in the State of Maine

Prepared for

State of Maine
Office of Substance Abuse (OSA)
Department of Mental Health, Mental Retardation,
and Substance Abuse Services

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Pan Atlantic Consultants (PAC), 5 Milk Street, Portland, Maine 04101, responsible for all survey administration activities and providing schools and school systems with individual reports;

Southeast Kansas Education Service Center (SKESC), P.O. Box 189, Girard, Kansas 66743-0189, responsible for data scanning;

the Social Development Research Group (SDRG), University of Washington, 9725 3rd Avenue NE, Suite 401, Seattle, Washington 98115-2024, developed the survey instrument and syntax relating to survey validity testing; and

the Research Triangle Institute (RTI), P.O. Box 12194, Research Triangle Park, North Carolina 27709, responsible for weighting the data, data analysis, and report production.

Jamie Clough served as the Project Director, Kristina Morse (PAC) served as the data collection task leader, LaDonna Hartman (SKESC) served as the scanning task leader, and Jody Greene (RTI) served as analysis and reporting task leader. Others whose efforts on this project should be noted include Linda Williams (OSA), Kristin Furey (PAC), Katie Korpi (PAC), Melanie McCoy (PAC), Tom Sternberg (RTI), Paul Moore (RTI), Richard Straw (RTI), Linda Fonville (RTI), and Sharon Davis (RTI).

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For further information about this project, contact:

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The Maine Youth Drug and Alcohol Use Survey has been administered periodically by the Office of Substance Abuse (OSA) since 1988. The survey administered in 1998/1999 served as the basis for the research reported in this report. The survey was administered to over 22,000 Maine students, representing all 16 counties, enrolled in grades 6 through 12.

For the first time in the history of the Maine Youth Drug and Alcohol Use Survey, the OSA elected not to draw a randomized sample of schools to take part in the 1998/1999 survey. Rather, in order to increase usable data, the OSA decided to solicit *all* public schools in Maine with grades 6 through 12. We estimate that approximately 18% of Maine's student population in grades 6 to 12 participated in the 1998/1999 survey. It is anticipated that the results from this survey will be useful for school planning and will result in greater participation in subsequent administrations of the survey.

This report presents findings designed to provide data on the prevalence of alcohol, tobacco, and other drug use among Maine students in grades 6 through 12 and to identify potentially "modifiable" risk and protective factors that may be useful to consider in planning and targeting prevention programs and services. This report presents the statewide results from this survey.¹

Key findings from the 1998/1999 Maine school survey analyses are as follows.

Prevalence of Alcohol, Tobacco, and Other Drugs

Among students in grades 6 through 12, alcohol, cigarettes, and marijuana were the most commonly used substances. The majority (58%) used at least some alcohol in their lifetime, and 32% used it in the month before the survey. In addition, approximately 15% exhibited binge drinking behavior in the 2 weeks before the survey. Recent cigarette use was reported by 19% of students and recent marijuana use by 16%.

After marijuana, the most frequently used substance was inhalants. Approximately 15% of students reported using inhalants during their lifetime.

There were few differences in substance use by gender or race/ethnicity.

The rate of substance use increased steadily among students between grades 6 and 12 for all substances except inhalant use, where the highest rates of recent use were reported among 6th through 9th graders.

¹Separate reports have been generated for each county and are available upon request from the OSA.

Overall, students in Maine reported substance use prevalence rates that were similar to those reported in the Nation.² The one notable exception was that both lifetime use and past month use of marijuana were substantially higher among Maine 12th graders (58% and 30% respectively) than among 12th graders in the Nation as a whole (49% and 23%, respectively).

Prevalence of Violent and Prohibited Behaviors

Twelve percent of Maine's students reported attacking others during the year prior to the survey with the intention of seriously hurting them. About twice as many males as females reported this behavior. Attacking someone peaked in grades 8 and 9.

About 4% of Maine students had carried a handgun in the year prior to the study. Again, males were much more likely to report this behavior than females (6% for males vs. 1% for females).

Almost 9 in 10 Maine students (87%) reported that they neither attacked someone nor carried a handgun in the year prior to the survey. An estimated 7% reported performing one or the other behavior "1 or 2 times," and the remaining 6% reported these behaviors more frequently.

Past year prohibited behaviors included on the survey were being drunk or high at school, being suspended from school, stealing or trying to steal a motor vehicle, selling illegal drugs, and having been arrested. Of these, the most common was being drunk or high at school (13%), followed by having been suspended from school (9%) and selling illegal drugs (7%). Reports of being arrested (4.5%) and stealing or trying to steal a motor vehicle (2.4%) were lower.

About 2 in 10 Maine 11th and 12th grade students reported being drunk or high at school in the year prior to the survey.

Among 10th through 12th graders, more than 1 in 10 reported having sold illegal drugs in the year prior to the survey.

²National comparison data were from the 1998 Monitoring the Future Survey.

Risk and Protective Factors

In general, as students became older, they were at increasing risk on the various risk factors and less resilient on the protective factors. For example, only 7% of 6th graders were at risk on the factor of “perceived availability of drugs and handguns” compared with 33% of 8th graders, 66% of 10th graders, and 80% of 12th graders.

Nearly half of all students in Maine were at risk on the factor of “perceived availability of drugs and handguns,” and over one quarter were at risk on the factors of “poor family discipline,” “family conflict,” and “family history of antisocial behavior.”

Less than half of all students in Maine were resilient on the protective factors of “community opportunities for positive interaction” and “community rewards for conventional involvement.”

All risk factors within each domain (i.e., community, school, family, and peer-individual) were shown to be positively related to health behaviors. Some of the strongest relationships between health behaviors were for the peer-individual risk factors of “early initiation of substance use,” “attitudes favorable toward drug use,” “friends’ substance use,” and “antisocial behaviors.” Youths who were at risk on each of these factors were 10 to 17 times more likely to have used alcohol or drugs in the past month than students who were not at risk on these factors. The risk factors that showed the strongest relationships with violent and prohibited behaviors in the past year were “early initiation of antisocial behaviors” and “interaction with antisocial peers.”

Protective factors from all domains were shown to be positively related to the health behavior scales. Youths who were resilient on these factors were 2 to 10 times more likely *not* to report substance use or violent or prohibited behaviors than students who were not resilient.

The cumulative effect of risk and protection on alcohol and drug use was evident among Maine students. Students at high risk on a larger number of risk factors were increasingly more likely to use alcohol and other drugs, while students possessing a larger number of protective factor were increasingly less likely to use alcohol and other drugs.

Strengths and Limitations

This study provides valuable information on alcohol, tobacco, and other drug use, violent and prohibited behaviors, and risk and protective factors that will enable the State to

monitor trends in the substance (i.e., alcohol, tobacco, and other drug) use of Maine students,

compare students in each county with students in the State as a whole, and

plan, evaluate, and improve community programs that prevent health problems and promote healthy behaviors..

However, several limitations of this study should be noted. First, this study exclusively focuses on adolescents in public school and does not take into consideration school dropouts, students absent on the day that data were collected, homeless and runaway youths, and youths who have been institutionalized. Second, the questionnaire implemented in this study measures self-reported behavior. Caution should be taken in interpreting these data because of respondents' tendencies to underreport undesirable behaviors and to have difficulty remembering complicated information, such as age at first use. Third, active parental consent was required in order for students to participate. Active parental consent may affect results if the parents of certain types of students were more or less likely to turn in the form and grant permission for their child to participate. Finally, the change in sampling design in 1998/1999 compared to previous administrations has several effects that have both positive and negative implications. Limitations of using a census rather than a representative sample are that (a) the data collected are *not* representative of schools in the State as a whole, but rather only of the schools who completed the survey; and (b) the ability to compare the 1998/1999 data with data collected in previous years is limited.

Implications and Recommendations

These findings suggest that all four domains (community, school, family, and peers) must be addressed together to have an impact on the issue of alcohol, tobacco, and other drug use. A comprehensive systemic approach to this issue using science-based programming and multiple strategies in multiple domains has been proven to be the most effective method of prevention. Concentrating efforts on only school-based programs or only targeting certain age groups will only yield minimal success. The data do suggest that transitional years for youths seem to be a time when alcohol, tobacco, and other drug use increases and strategies need to address this issue. Data also suggest that prevention programs target the issue of access to alcohol, tobacco, and other drugs in that use seems to increase as access increases. Therefore, the concept of environmental strategies should be addressed in order to decrease access, increase consequences, or change perceptions regarding alcohol, tobacco, and other drug use.